

S. No. 2
M-5-43
5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15356

FILED MAY 9 1947
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4348

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Inf. 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999
 (c) City or town E. St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1522 So. 16th
 (If rural, give location) N.R. 2
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Luvonia Lockett
Luvonia Lockett

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced. S 0

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 25, 1947
 (Month) (Day) (Year) 6:25 P.M.

8. AGE: Years Months Days 7? If less than one day
0 0 0 15 hr. min.

9. Birthplace St. Louis Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

12. Name Charlie Lockett

13. Birthplace Bolivar Tenn.
 (City, town, or county) (State or foreign country)

14. Maiden name Margie Alexander

15. Birthplace Paris Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Charlie Lockett

(b) Address 1522 So. 16th St.

17. (a) Funeral (b) Date thereof 4-29-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Louis. ells

18. (a) Signature of funeral director J. T. Nash

(b) Address 3847 Sigsbee Blvd.

19. (a) APR 29 1947 (b) J. T. Brudick
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
 year 1947 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from 4-26-47
 19..... that I last saw her alive on 4/26/47
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Duration 7 hrs.

Due to.....
 Due to.....

Other conditions 159
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)
 (e) Means of injury.....

23. Signature H. H. Peppers (M. D. or other) 440
 Address 1421 E. ... Date signed 4/28/47

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Emmitt J Houston

Registered Apprentice No. *449*

working under my personal supervision.

Signed.....

O. J. Nash

Licensed Embalmer No. *2432*

P. O. Address *3847 Page*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.